

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT **NOTIFICATION OF DEMOLITION AND RENOVATION OPERATIONS**

201456

State Form 44593 (R2/8-99)

I. TYPE OF NOTIFICATION (check one): <input type="checkbox"/> Original <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Canceled <input type="checkbox"/> Courtesy * Must include copy of notification which is being revised					
II. FACILITY INFORMATION (Identify owner, removal contractor, demolition contractor, Inspector, and project designer)					RECEIVED State of Indiana
X Owner: <u>General Motors LLC</u> JUL 18 2016					
Address: <u>105 GM Drive</u>					
City: <u>Bedford</u>			State: <u>Indiana</u>		State of Indiana Zip: <u>47421</u>
Contact: <u>Chris Campbell</u>			Telephone #: <u>(812) 279-7225</u>		
Removal Contractor: <u>N/A</u>			Demolition Contractor: <u>McIntyre Brothers</u>		
Address: _____			Address: <u>1020 7th St.</u>		
City: _____		State: _____		Zip: _____	
City: <u>Bedford</u>		State: <u>Indiana</u>		Zip: <u>47421</u>	
Contact: _____		Phone: _____		Contact: <u>Jeff McIntyre</u>	
Phone: _____		Phone: <u>(812) 345-3001</u>			
IN License #: _____			Expiration: _____		
Inspector: <u>Randy Reed</u>			(Required for asbestos projects at schools K - 12)		
Address: <u>304 S. State Ave.</u>			Project Designer: _____		
City: <u>Indianapolis</u>			Address: _____		
State: <u>Indiana</u>		Zip: <u>46201</u>		City: _____	
State: _____		Zip: _____		State: _____	
IN License #: <u>190428062</u>			Expiration: <u>7/23/16</u>		
Phone: _____			IN License #: _____		
Phone: _____			Expiration: _____		
III. TYPE OF OPERATION (check one)					
Intentional Burning: _____		Renovation: _____		Emergency Renovation: _____	
Demolition: <input checked="" type="checkbox"/>		Demolition: <input checked="" type="checkbox"/>		Ordered Demolition: _____	
IV. IS ASBESTOS PRESENT? (check one) YES: _____ NO: <input checked="" type="checkbox"/>					
V. PROCEDURES, INCLUDING ANALYTICAL METHODS, IF APPROPRIATE, USED TO DETECT THE PRESENCE AND AMOUNT OF ASBESTOS MATERIAL					
VI. APPROXIMATE AMOUNT OF ASBESTOS (Including Regulated ACM, Category I non-friable Category II non-friable ACM)					
	Regulated ACM to be removed	Non-friable Asbestos Material To be removed		Non-friable Asbestos Material Not to be removed before demolition	
		Category I	Category II	Category I	Category II
Pipes (LnFt)	0	0	0	0	0
Surface Area (SqFt)	0	0	0	0	0
Total Volume (CuFt) on/off Components	0	0	0	0	0
VII. SCHEDULED DATES OF ASBESTOS STRIPPING/REMOVAL: Start: <u>N/A</u> End: _____					
VIII. SCHEDULED DATES OF RENOVATION: Start: _____ End: _____ DEMOLITION: Start: <u>7/20/16</u> End: <u>7/23/16</u>					
IX. FACILITY DESCRIPTION (Including building name, floor, and room number)					
Building Name: <u>Bedford CET - Die Casting Building</u>					
Street Address: <u>105 GM drive</u>					
City: <u>Bedford</u>		State: <u>Indiana</u>		County: <u>Lawrence</u>	
Location of removal within building: <u>Old Radio Room (Facilities Maintenance Office project canceled)</u>					
Building Size (SqFt): <u>Radio Room = 288sqft (Facilities Office = 378sqft)</u>					
# of Floors: <u>1</u>				Age: <u>43 yrs</u>	
Present Use: <u>Empty</u>					
Prior use: <u>Offices</u>					

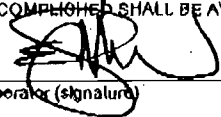
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page 1 of 2

CST 32370

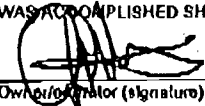
Susan Kisor

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, METHODS/TECHNIQUES TO BE USED, AFFECTED FACILITY COMPONENTS AND TYPE OF MATERIALS REMOVED <u>Completely demolish: the Old Radio Room and leave the space open. Any building columns will be left in place.</u> <u>The Facilities Maintenance Office will only have a part of the office demolished.</u> _____ _____			
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE SITE; INCLUDING ASBESTOS STRIPPING, REMOVAL AND WASTE HANDLING PROCEDURES TO PREVENT NON-FRIABLE ASBESTOS MATERIAL FROM BECOMING FRIABLE IN THE COURSE OF THE PROJECT: <u>No Asbestos Present. Demo of Structural Members</u> _____ _____ _____			
XII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED POWDER: <u>All work to be stopped until ACM is controlled, Notify Authorized Agencies as required.</u> _____ _____ _____			
XIII. WASTE TRANSPORTER Name: <u>N/A</u> Address: _____ City: _____ State: _____ Zip: _____ Contact: _____ Phone: _____		XIV. WASTE DISPOSAL SITE Name: <u>N/A</u> Address: _____ City: _____ State: _____ Zip: _____ Contact: _____ Phone: _____	
XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, IDENTIFY THE AGENCY BELOW AND ATTACH A COPY OF THE ORDER TO THIS FORM. IF THE FACILITY IS NOT INSPECTED PRIOR TO DEMOLITION, THE DEBRIS MUST BE KEPT ADEQUATELY WET. THE DEBRIS MUST THEN BE INSPECTED AFTER DEMOLITION OR ASSUME ALL DEBRIS TO BE CONTAMINATED WITH RACM AND DISPOSED OF APPROPRIATELY TO COMPLY WITH 326 IAC 14-10-1(b). Name: <u>N/A</u> Title: _____ Date ordered to begin: _____ Authority: _____ Date of Order: _____			
XVI. FOR EMERGENCY RENOVATIONS: Date and time of emergency: _____ Description of sudden, unexpected event: <u>N/A</u> _____ Explanation of how the event caused unsafe conditions or would cause equipment damage: _____ _____			
XVII. I HEREBY CERTIFY THAT THE INFORMATION IN THIS NOTIFICATION IS CORRECT AND THAT I WILL ONLY USE INDIANA LICENSED WORKERS AND PROJECT SUPERVISORS, TO IMPLEMENT THIS ASBESTOS PROJECT, WHICH HAVE BEEN TRAINED IN 326 IAC 14-10; 40 CFR PART 61, SUBPART M; AND, IF APPLICABLE, INDIANAPOLIS AIR POLLUTION CONTROL BOARD REGULATION 14. THE TRAINED INDIVIDUAL(S) ALONG WITH EVIDENCE THAT THE REQUIRED TRAINING WAS ACCOMPLISHED SHALL BE AVAILABLE AT THE JOB SITE DURING ACTUAL WORKING HOURS. <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 20px;"><div style="width: 45%;"> _____ Owner/operator (signature) Eric Shelhorn _____ Owner/operator (printed)</div><div style="width: 45%; text-align: right;"><u>7/18/16</u> _____ date Assistant Plant Manager _____ affiliation</div></div>			
***** OFFICE USE ONLY *****			
POSTMARK: _____	RECEIVED: _____	REVIEWED BY: _____	DEFICIENCIES: _____

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT NOTIFICATION OF DEMOLITION AND RENOVATION OPERATIONS

State Form 44593 (R2/8-99)

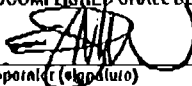
I. TYPE OF NOTIFICATION (check one):		Original _____	Revised * <input checked="" type="checkbox"/> _____	Canceled _____	Courtesy _____
* Must include copy of notification which is being revised					
II. FACILITY INFORMATION (Identify owner, removal contractor, demolition contractor, inspector, and project designer)					
Owner: <u>General Motors LLC</u>					
Address: <u>105 GM Drive</u>					
City: <u>Bedford</u>		State: <u>Indiana</u>		Zip: <u>47421</u>	
Contact: <u>Chris Campbell</u>			Telephone #: <u>(812) 279-7225</u>		
Removal Contractor: <u>N/A</u>			Demolition Contractor: <u>McIntyre Brothers</u>		
Address: _____			Address: <u>1020 7th St.</u>		
City: _____		State: _____		Zip: _____	
City: <u>Bedford</u>		State: <u>Indiana</u>		Zip: <u>47421</u>	
Contact: _____		Phone: _____		Contact: <u>Jeff McIntyre</u>	
Phone: _____		Phone: <u>(812) 346-3001</u>			
IN License #: _____			Expiration: _____		
IN License #: _____			Expiration: _____		
Inspector: <u>Randy Reed</u>			(Required for asbestos projects at schools K - 12)		
Address: <u>304 S. State Ave.</u>			Project Designer: _____		
City: <u>Indianapolis</u>			Address: _____		
State: <u>Indiana</u>		Zip: <u>46201</u>		City: _____	
State: _____		Zip: _____		State: _____	
IN License #: <u>190428082</u>		Expiration: <u>7/23/16</u>		IN License #: _____	
Phone: _____		Phone: _____		Expiration: _____	
III. TYPE OF OPERATION (check one)					
Intentional Burning: _____		Renovation: _____		Emergency Renovation: _____	
Demolition: <input checked="" type="checkbox"/>		Demolition: <input checked="" type="checkbox"/>		Ordered Demolition: _____	
IV. IS ASBESTOS PRESENT? (check one) YES: _____ NO: <input checked="" type="checkbox"/>					
V. PROCEDURES, INCLUDING ANALYTICAL METHODS, IF APPROPRIATE, USED TO DETECT THE PRESENCE AND AMOUNT OF ASBESTOS MATERIAL					
<u>N/A</u>					
VI. APPROXIMATE AMOUNT OF ASBESTOS (Including Regulated ACM, Category I non-friable Category II non-friable ACM)					
	Regulated ACM to be removed	Non-friable Asbestos Material To be removed		Non-friable Asbestos Material Not to be removed before demolition	
		Category I	Category II	Category I	Category II
Pipes (LnFt)	0	0	0	0	0
Surface Area (SqFt)	0	0	0	0	0
Total Volume (CuFt) on/off Components	0	0	0	0	0
VII. SCHEDULED DATES OF ASBESTOS STRIPPING/REMOVAL: Start: <u>N/A</u> End: _____					
VIII. SCHEDULED DATES OF RENOVATION: Start: _____ End: _____ DEMOLITION: Start: <u>7/20/16</u> End: <u>8/03/16</u>					
IX. FACILITY DESCRIPTION (Including building name, floor, and room number)					
Building Name: <u>Bedford CET - Die Casting Building</u>					
Street Address: <u>105 GM drive</u>					
City: <u>Bedford</u>		State: <u>Indiana</u>		County: <u>Lawrence</u>	
Location of removal within building: <u>Old Radio Room & Facilities Maintenance Office</u>					
Building Size (SqFt): <u>Radio Room = 288 Facilities Office 378</u>			# of Floors: <u>1</u>		Age: <u>43 yrs</u>
Present Use: <u>Empty</u>			Prior use: <u>Offices</u>		

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, METHODS/TECHNIQUES TO BE USED, AFFECTED FACILITY COMPONENTS AND TYPE OF MATERIALS REMOVED Completely demolish the Old Radio room and leave the space open. Any building columns will be left in place. The Facilities Maintenance Office will only have a part of the office demolished.	
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE SITE; INCLUDING ASBESTOS STRIPPING, REMOVAL AND WASTE HANDLING PROCEDURES TO PREVENT NON-FRIABLE ASBESTOS MATERIAL FROM BECOMING FRIABLE IN THE COURSE OF THE PROJECT: No Asbestos Present. Demo of Structural Members	
XII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED POWDER: All work to be stopped until ACM is controlled, Notify Authorized Agencies as required.	
XIII. WASTE TRANSPORTER Name: <u>N/A</u> Address: _____ City: _____ State: _____ Zip: _____ Contact: _____ Phone: _____	XIV. WASTE DISPOSAL SITE Name: <u>N/A</u> Address: _____ City: _____ State: _____ Zip: _____ Contact: _____ Phone: _____
XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, IDENTIFY THE AGENCY BELOW AND ATTACH A COPY OF THE ORDER TO THIS FORM. IF THE FACILITY IS NOT INSPECTED PRIOR TO DEMOLITION, THE DEBRIS MUST BE KEPT ADEQUATELY WET. THE DEBRIS MUST THEN BE INSPECTED AFTER DEMOLITION OR ASSUME ALL DEBRIS TO BE CONTAMINATED WITH RACM AND DISPOSED OF APPROPRIATELY TO COMPLY WITH 328 IAC 14-10-1(b). Name: <u>N/A</u> Title: _____ Date ordered to begin: _____ Authority: _____ Date of Order: _____	
XVI. FOR EMERGENCY RENOVATIONS: Date and time of emergency: _____ Description of sudden, unexpected event: <u>N/A</u> Explanation of how the event caused unsafe conditions or would cause equipment damage: _____	
XVII. I HEREBY CERTIFY THAT THE INFORMATION IN THIS NOTIFICATION IS CORRECT AND THAT I WILL ONLY USE INDIANA LICENSED WORKERS AND PROJECT SUPERVISORS, TO IMPLEMENT THIS ASBESTOS PROJECT, WHICH HAVE BEEN TRAINED IN 328 IAC 14-10-10 CFR PART 61, SUBPART M; AND, IF APPLICABLE, INDIANAPOLIS AIR POLLUTION CONTROL BOARD REGULATION 14. THE TRAINED INDIVIDUAL(S) ALONG WITH EVIDENCE THAT THE REQUIRED TRAINING WAS ACCOMPLISHED SHALL BE AVAILABLE AT THE JOB SITE DURING ACTUAL WORKING HOURS. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 60%;">  Owner/operator (signature) Gareth Jolly Owner/operator (printed) </div> <div style="width: 35%; text-align: right;"> 8/13/16 Date PLANT Operations Manager Affiliation </div> </div>	
<small>***** OFFICE USE ONLY *****</small>	
POSTMARK:	RECEIVED:
REVIEWED BY:	DEFICIENCIES:

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT **NOTIFICATION OF DEMOLITION AND RENOVATION OPERATIONS**

State Form 41593 (12/8-99)

I. TYPE OF NOTIFICATION (check one):		Original <input checked="" type="checkbox"/> Revised <input type="checkbox"/> Canceled <input type="checkbox"/> Courtesy <input type="checkbox"/>			
* Must include copy of notification which is being revised					
II. FACILITY INFORMATION (Identify owner, removal contractor, demolition contractor, inspector, and project designer)					
Owner: <u>General Motors LLC</u>					
Address: <u>105 GM Drive</u>					
City: <u>Bedford</u>		State: <u>Indiana</u> Zip: <u>47421</u>			
Contact: <u>Chris Campbell</u>		Telephone #: <u>(812) 278-7226</u>			
Removal Contractor: <u>N/A</u>		Demolition Contractor: <u>McIntyre Brothers</u>			
Address: _____		Address: <u>1020 7th St.</u>			
City: _____	State: _____	Zip: _____			
City: <u>Bedford</u>	State: <u>Indiana</u>	Zip: <u>47421</u>			
Contact: _____	Phone: _____	Contact: <u>Jeff McIntyre</u> Phone: <u>(812) 346-3001</u>			
IN License #: _____	Expiration: _____				
Inspector: <u>Randy Reed</u>		(Required for asbestos projects at schools K - 12)			
Address: <u>304 S. State Ave.</u>		Project Designer: _____			
City: <u>Indianapolis</u>	State: <u>Indiana</u>	Address: _____			
Zip: <u>46201</u>		City: _____ State: _____ Zip: _____			
IN License #: <u>100428082</u>	Expiration: <u>7/23/16</u>	IN License #: _____ Expiration: _____			
Phone: _____		Phone: _____			
III. TYPE OF OPERATION (check one)					
Intentional Burning: _____		Renovation: _____ Demolition: <input checked="" type="checkbox"/> Emergency Renovation: _____			
Ordered Demolition: _____					
IV. IS ASBESTOS PRESENT? (check one) YES: _____ NO: <input checked="" type="checkbox"/>					
V. PROCEDURES, INCLUDING ANALYTICAL METHODS, (IF APPROPRIATE, USED TO DETECT THE PRESENCE AND AMOUNT OF ASBESTOS MATERIAL)					
<u>N/A</u>					
VI. APPROXIMATE AMOUNT OF ASBESTOS (Including Regulated ACM, Category I non-friable Category II non-friable ACM)					
	Regulated ACM to be removed	Non-friable Asbestos Material To be removed		Non-friable Asbestos Material Not to be removed before demolition	
		Category I	Category II	Category I	Category II
Pipes (LnFt)	0	0	0	0	0
Surface Area (SqFt)	0	0	0	0	0
Total Volume (CuFt) on/off Components	0	0	0	0	0
VII. SCHEDULED DATES OF ASBESTOS STRIPPING/REMOVAL:		Start: <u>N/A</u> End: _____			
VIII. SCHEDULED DATES OF RENOVATION:		Start: _____ End: _____ DEMOLITION: Start: <u>6/14/16</u> End: <u>6/30/16</u>			
IX. FACILITY DESCRIPTION (including building name, floor, and room number)					
Building Name: <u>Bedford CET - Die Casting Building</u>					
Street Address: <u>105 GM drive</u>					
City: <u>Bedford</u>	State: <u>Indiana</u>	County: <u>Lawrence</u>			
Location of removal within building: <u>Old Radio Room & Facilities Maintenance Office</u>					
Building Size (SqFt): <u>Radio Room = 288 Facilities Office 378</u>		# of Floors: <u>1</u> Age: <u>43 yrs</u>			
Present Use: <u>Empty</u>		Prior use: <u>Offices</u>			

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, METHODS/TECHNIQUES TO BE USED, AFFECTED FACILITY COMPONENTS AND TYPE OF MATERIALS REMOVED Completely demolish the Old Radio room and leave the space open. Any building columns will be left in place. The Facilities Maintenance Office will only have a part of the office demolished. 	
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE SITE; INCLUDING ASBESTOS STRIPPING, REMOVAL AND WASTE HANDLING PROCEDURES TO PREVENT NON-FRIABLE ASBESTOS MATERIAL FROM BECOMING FRIABLE IN THE COURSE OF THE PROJECT: No Asbestos Present. Demo of Structural Members 	
XII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED POWDER: ALL WORK STOPPED UNTIL ACM IS CONTROLLED. NOTIFY AUTHORIZED AGENCIES AS REQUIRED. 	
XIII. WASTE TRANSPORTER Name: <u>N/A</u> Address: _____ City: _____ State: _____ Zip: _____ Contact: _____ Phone: _____	XIV. WASTE DISPOSAL SITE Name: <u>N/A</u> Address: _____ City: _____ State: _____ Zip: _____ Contact: _____ Phone: _____
XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, IDENTIFY THE AGENCY BELOW AND ATTACH A COPY OF THE ORDER TO THIS FORM. IF THE FACILITY IS NOT INSPECTED PRIOR TO DEMOLITION, THE DEBRIS MUST BE KEPT ADEQUATELY WET. THE DEBRIS MUST THEN BE INSPECTED AFTER DEMOLITION OR ASSUME ALL DEBRIS TO BE CONTAMINATED WITH RACM AND DISPOSED OF APPROPRIATELY TO COMPLY WITH 328 IAO 14-10-1(b). Name: <u>N/A</u> Title: _____ Date ordered to begin: _____ Authority: _____ Date of Order: _____	
XVI. FOR EMERGENCY RENOVATIONS: Date and time of emergency: _____ Description of sudden, unexpected event: <u>N/A</u> Explanation of how the event caused unsafe conditions or would cause equipment damage: _____ 	
XVII. I HEREBY CERTIFY THAT THE INFORMATION IN THIS NOTIFICATION IS CORRECT AND THAT I WILL ONLY USE INDIANA LICENSED WORKERS AND PROJECT SUPERVISORS, TO IMPLEMENT THIS ASBESTOS PROJECT, WHICH HAVE BEEN TRAINED IN 328 IAO 14-10-10 CFR PART 61, SUBPART M; AND, IF APPLICABLE, INDIANAPOLIS AIR POLLUTION CONTROL BOARD REGULATION 14. THE TRAINED INDIVIDUAL(S) ALONG WITH EVIDENCE THAT THE REQUIRED TRAINING WAS ACCOMPLISHED SHALL BE AVAILABLE AT THE JOB SITE DURING ACTUAL WORKING HOURS. <div style="display: flex; justify-content: space-between;"><div>Owner/Operator (signature)  Eric Shelhorn Owner/Operator (printed)</div><div>6/31/16 date Operations Manager affiliation</div></div>	
OFFICE USE ONLY	
POSTMARK:	RECEIVED: _____
REVIEWED BY: _____	DEFICIENCIES: _____